

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Application of: HOLT

Serial No.: 10/723,209

Examiner:

Date Filed: November 11, 2003

Group: 3732

For: PROSTHETIC IMPLANT

CERTIFICATE UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the
U.S. Postal Service as First Class mail in an envelope addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, on May 5, 2004

Stanley A. Kim, Ph.D., Esq. Reg. No. 42,730

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Please find enclosed for filing the following:

- X Revocation of Power of Attorney With New Power of Attorney, and Change of Correspondence Address;
- X Power of Attorney and Correspondence Address Indication Form; and.
- X One post card.

Please charge any deficiencies or credit any overpayment to Deposit Account No.

50-3110.

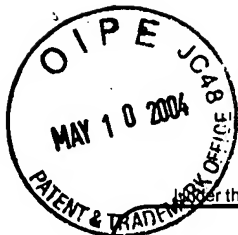
Respectfully submitted,

Date: May 5, 2004

Stanley A. Kim, Ph.D., Esq.
Registration No. 42,730
RUDEN, MCCLOSKEY, SMITH,
SCHUSTER & RUSSELL, P.A.
222 Lakeview Avenue, Suite 800
West Palm Beach, FL 33401-6112
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Docket No. 6928-3CON

WPB:178176:1



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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/723,209
Filing Date	November 11, 2003
First Named Inventor	HOLT
Art Unit	3732
Examiner Name	
Attorney Docket Number	6928-3CON

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STANLEY A. KIM, PH.D., ESQ.				
Address	RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.				
Address	222 LAKEVIEW VENUE, SUITE #800				
City	WEST PALM BEACH	State	FLORIDA	Zip	33401-6112
Country	U.S.A.				
Telephone	(561) 838-4500	Fax	(561) 514-3412		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

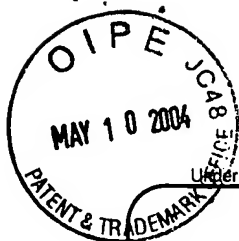
Name	Robert L. Holt		
Signature			
Date	4-23-04	Telephone	561-832-2965

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/723,209
Filing Date	November 11, 2003
First Named Inventor	HOLT
Title	PROSTHETIC IMPLANT
Art Unit	3732
Examiner Name	
Attorney Docket Number	6928-3CON

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number
STANLEY A. KIM, Ph.D., ESQ.	42,730
AMY A. OSTROM, Ph.D.	52,088
JORDAN NEWMARK, ESQ.	50,094
ROBERT M. SCHWARTZ, ESQ.	29,854

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	STANLEY A. KIM, Ph.D., ESQ.				
Address	RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.				
Address	222 LAKEVIEW VENUE, SUITE #800				
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Robert L. Holt		
Signature	<i>Robert L. Holt</i>		
Date	4-23-04	Telephone	561-832-2965

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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